

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.
Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.
Standing order must include the effective start date and the expiration date.

Background

Many North Carolina LHDs have limited or no ability to provide point-of-care testing to assess for urethral inflammation, such as Gram Stain or urine microscopy. This standing order exists to allow for treatment of STI clinic clients with symptoms of urethritis when there is no point-of-care testing available. This standing order should ONLY be used if a LHD cannot perform gram stain or urine microscopy at the time of the clinical visit. Specimens for urine NAAT or gonorrhea culture should still be performed on any client presenting with symptoms of urethritis.

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings Clients may present with the following history:

- Current or recent history of urethral discharge
- dysuria
- intrameatal itching

*Subjective findings alone do not meet N.C. Board of Nursing requirements for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical observation of any of the following:

1. urethral discharge (white, bloody, yellow, green, brown and/or malodorous) observed on clinical exam.

Plan of Care

Precautions and Contraindications

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part F. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for the medication provided in the standing order, inquire about, and document the type of reaction(s) the client has experienced before consulting with medical provider.

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for urethritis by standing order when objective findings as specified above are documented in the medical record.

1. For non-pregnant clients weighing >45 kg (100 lbs.) AND <150 kg (300 lbs.) administer **Ceftriaxone** 500 mg IM as a single dose AND **doxycycline** 100 mg orally twice daily for 7 days.
2. For non-pregnant clients weighing ≥ 150 kg (300 lbs.) administer **Ceftriaxone** 1 g IM as a single dose AND **doxycycline** 100 mg orally twice daily for 7 days.

Nursing Actions

A. Provide:

1. information about the clinical impression, both verbally and in written form.
2. review of ordered laboratory tests and instructions for obtaining laboratory test results.
3. client-centered STI education, both verbally and in written form.

4. condoms and literature about risk reduction behavior.
 5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
- B. Advise client to:
1. abstain from sexual intercourse with any new or unexposed partners until 7 days after client has completed medication regimen
 2. abstain from sexual intercourse with current and/or exposed partners until 7 days after the client has completed the medication regimen
 3. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
 4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection
 5. use back-up contraception during treatment regimen and for seven days after completion of regimen for female clients who take oral contraceptives
 6. clean and disinfect diaphragm after use per manufacturer instructions or agency protocol, if this is the client's method of birth control
 7. clean and cover sex toys after use, if applicable, per manufacturer instructions or agency protocol
 8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
- C. Counsel the client regarding the prescribed medication:
1. inquire about and document the type of reactions the client has experienced in the past when taking the medication
 2. advise client that they may experience side effects: such as nausea, vomiting, cramps, diarrhea, headache, rash or skin sensitivity to light (with administration of Doxycycline), and pain at the injection site.
 3. advise female client not to become pregnant while on Doxycycline
 4. if the client cannot complete the 7-day regimen of Doxycycline, return to the clinic
- D. Additional instructions:
1. return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment
 2. Seek urgent or emergency care if the client develops abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}\text{F}$
- F. Criteria for Notifying the Medical Provider
1. Contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy to the medication provided in the standing orders.
 2. **DO NOT ADMINISTER TREATMENT** and consult with medical provider, if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}\text{F}$.
 - abdominal, adnexal pain/tenderness on examination
 - cervical motion tenderness on exam
 - sustained cervical bleeding on exam
 - ANY reported vaginal spotting/bleeding by a pregnant client
 - client has an IUD
 - scrotal pain or swelling
 - client is pregnant or suspected to be pregnant
 - client is allergic to medication provided in standing order
- G. Follow-up requirements:
1. If other lab test results (urine NAAT, culture) indicate a reportable infection, ensure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) to include entry of lab test results and treatment information after all test results are back.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)